

Enfield Recreation Department Youth Basketball Registration Form

Player's Name: _____ Sex: _____ Age: _____ D.O.B.: ____/____/____

Street Address: _____ Home Phone: (____) _____

School: _____ Grade: _____ Height: _____ Feet/ _____ inches

Are you playing on any other teams? _____ Number of years playing organized basketball: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Email Address: _____ (For email confirmation of registration)

MOTHER'S NAME: _____ FATHER'S NAME: _____

Home Phone: (____) _____

Home Phone: (____) _____

Work Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

SHIRT SIZE: Youth 10-12 Youth 14-16 Adult Small Adult Medium Adult Large Adult XL Adult XXL
(Please Circle Size)

ACTIVITY NUMBER: _____ (See program information)

Are there any medical conditions or special needs your child's coach should be aware of? ____ Yes ____ No
If yes, please explain in detail: _____

Does your child have any other special considerations related to behavioral needs which are not mentioned above that our staff should know to help your child have a positive experience? ____ Yes ____ No
If yes, please explain in detail: _____

PRACTICE & COACHES INFORMATION

Practice time is limited and we do our best to avoid conflicts. However, we CANNOT GUARANTEE YOUR PRACTICE TIME OR WHAT TEAM YOUR CHILD WILL BE PLACED ON.

List any conflicts, days & times your child **CANNOT** practice: _____

PARENTS/GUARDIANS:

YES, I will be a head coach: Name _____ Phone: _____

YES, I will be an assistant: Name _____ Phone: _____

Those interested in coaching must complete the coaching application and return it with the registration form.

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of Enfield, I hereby waive and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I am, or my child is, in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my or my child's ability to participant in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

PARTICIPANT/PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____